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Family Art Assessment And Advocating For Children

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FAMILY ART ASSESSMENT AND ADVOCATING FOR CHILDREN

by

Rachel Del Dosso

A research paper presented to the
FACULTY OF THE DEPARTMENT OF
MARITAL AND FAMILY THERAPY

In partial fulfillment of the
requirements for the degree
MASTER OF ARTS

May, 2016

SIGNATURE PAGE

Author's Signature

A handwritten signature in black ink, appearing to read 'RDosso', written over a horizontal line.

Rachel Del Dosso

Research Advisor's Signature

A handwritten signature in black ink, appearing to read 'Paige Asawa', written over a horizontal line.

Paige Asawa, Ph.D, MFT, ATR-BC

ABSTRACT

This study explores how Landgarten's Family Art Assessment can provide clinicians with valuable information about families that can be used to advocate for the needs of the children in the family. A comprehensive literature review covers family assessments using art developed by Psychologists, family art assessments created by art therapists, and the benefits of using them in clinical treatment. The researcher utilized a qualitative research approach. The data gathering took the form of surveys and semi-structured interviews with clinicians at a community mental health agency following their participation/observation in a Family Art Assessment administered to a family on their caseload by a board certified art therapist. The researcher used textual analysis of the interview transcription to identify emergent themes. The emergent themes included: the impact of domestic violence, power dynamic, disconnection, and the therapist's efforts to increase connection and communication in the family. Study findings indicate that Family Art Assessments, when used as a consultation service administered by an experienced art therapist, can serve as an invaluable tool to provide clinicians with a more complete understanding of the families they are treating quicker than verbal therapy assessment methods alone. The findings also indicate that the Family Art Assessment helped clinicians conceptualize their cases from a more systemic perspective that considers the children's environment and relational patterns within the family as contributing to their problem behaviors and symptoms, and allowed clinicians to envision a path in treatment that included advocating for the children's needs.

DISCLAIMER

The names and identifying information of study participants have been omitted to protect their confidentiality. All of the participants who took part in the surveys and interviews were competent clinicians who gave written consent for their responses to be used in this paper and subsequent research publications. The families also gave written consent for their artwork to be used in this paper and subsequent research publications.

DEDICATION

This research is dedicated to my husband, Jared, who encouraged me to follow my dream of becoming an art therapist and has never wavered in providing me with the support and companionship I needed during the long and challenging journey of graduate school, practicum, and the research process.

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Special thanks to my friends and family for their support and encouragement during this long process, and to the amazing faculty in the department of Marital and Family Therapy and Clinical Art Therapy at Loyola Marymount University who all shared their wisdom and contributed to my development as an art therapist through challenging me to develop nuanced understandings of what it means to do this work with integrity, passion, creativity, and careful consideration of cultural and ethical issues, and to the clinicians at Barbara Sinatra Children's Center who willingly gave their time to participate in the study. Thank you for making this research possible.

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I. Introduction

The Study Topic

Art Therapists use family art assessments to gather information as part of the intake and assessment process to gather vital information about family dynamics, roles, and relationships. Generally speaking, family art assessments are any set of art tasks given to a family to elicit information about their functioning as a family unit. The purpose of this study is to explore how Landgarten's Family Art Assessment can be used to advocate for the needs of the children in the family. More specifically, this study took the form of surveys and semi-structured interviews with clinicians at a community mental health agency directly following their participation/observation in a Family Art Assessment administered to a family on their caseload by a board certified art therapist. The survey and interviews explored the impact the Family Art Assessment had upon their treatment of the family, as well as how/if it gave the clinician a clearer picture of the children's needs and perceptions and if that information was used to advocate for the children. Questions are listed in more detail in the section titled Design of Study on page 22.

Significance of the Study Topic

Often times in clinical therapy settings, children are brought into therapy as the identified patient, and parents often consider a certain child to be "the problem". I thoroughly believe that children can act as a barometer of the family, and their problematic behaviors are usually learned within the context of the family or are directly related to the family dynamics. That being said, studies are needed in the field of art therapy that focus on the ways that clinicians can seek to understand children's needs and activate change in the family accordingly to meet those needs.

This study may shed light on if clinicians gained new information about the children's perspectives or needs through the use of Helen Landgarten's Family Art Assessment as a consultation service. This study findings will also include to what degree clinicians found the information useful in advocating for the needs of the children and how it will impact the course of their treatment. The study could illuminate what new insights clinicians gained about the families on their caseload as a result of the Family Art Assessment. Also, study findings have the potential to elevate other clinician's perceptions of art therapy and art assessments in particular. Study findings could encourage clinicians to seek out consultation with an art therapist if they are feeling "stuck" with a particular family they are working with, or sense that some information is missing from their assessment.

II. Background of the Study Topic

Projective drawings have been used for assessment purposes in the field of psychology since the 1930s. They initially focused on individual clients and in particular intelligence, maturity, and personality testing. In the 1970's, art therapists and psychologists developed assessments specifically geared towards gathering information about the family as a unit. These assessments were derived from a systems theory perspective that recognized the interconnectedness of the members in a family.

Art therapists like Kwiatkoska and Landgarten each developed their own family art assessments in order to gain a deeper understanding of what was going on in the families they were treating. Both resisted the idea that there is a certain person in the family who is “the problem” and instead saw the family’s interactional patterns and ways of relating to one another as maintaining problems within the family. Many art therapists today use the family art assessments developed by Kwiatkowska and Landgarten and consider them invaluable in revealing what is really going on within the family, beyond what they may be able to report verbally in session. Art Therapists draw upon the findings and experience of Landgarten and Kwiatkowska and attend closely to the family’s process of creating the art and also the formal elements of their final art products.

III. Literature Review

This literature review aims to present an overview of the various family assessments using art developed by psychologists, and family art assessments created by art therapists highlighting Helen Landgarten's Family Art Assessment. Differing perspectives about the usefulness of these assessments in clinical treatment are discussed. Also, themes found across the literature about benefits of using family art assessments are observed. Some individual art assessments have been intentionally omitted in order to focus specifically on art assessments that relate to family dynamics or are administered to families.

Family Assessments Using Art Developed by Psychologists

Kinetic Family Drawing.

The Kinetic Family Drawing (KFD) was developed by Burns and Kauffman in 1970 as a "children's assessment to gather information on self-concept and interpersonal relationships" (Brooke, 2004, p. 32). It was initially designed to be an individual assessment, but it can provide information about the individual's perceptions of their family dynamics. The drawing is completed on an 8.5x11 inch white piece of paper using a number two pencil. The instructions are as follows: "draw a picture of everyone in your family, including you, doing something. Try to draw whole people, not cartoons or stick people. Remember, make everyone *doing* something—some kind of action." (Brooke, 2004, p. 32)

Burns and Kaufman suggest the person administering the assessment give the instructions and leave the room, checking back in with the individual periodically (Brooke, 2004, p. 32). Therefore, the process of creating the KFD is not necessarily observed by the therapist, but the art product of the KFD is examined for information. Burns and Kauffman (1970) suggest therapists pay attention to stylistic aspects of KFDs including compartmentalization of the child

that separates them from other family members, absence of family members, and closeness or distance of family members to one another. Oster (2004) states that the KFD is especially useful in showing possible discrepancies between how individuals view themselves within their family system and in the larger society. Oster also notes that this assessment can bring up important insights and revelations from family members such as “we don’t do anything together” (p. 119). Oster also asserts that the facial expressions drawn on each family member in may reveal how the individual views their various family members, and can possibly uncover their unexpressed feelings towards family members. Brooke (2004) states that the terms described by Burns and Kaufman used to evaluate a KFD were poorly defined and difficult to distinguish from one another. Nonetheless, Brooke (2004) states that it is a useful assessment for gaining information about a child’s perception of self in relationship to their family.

Family Centered Circle Drawing.

Family Centered Circle Drawings (FCCD) were developed by Burns (1990) as a way to obtain information about the client’s relationship with their self and their parents. FCCDs can be used with clients who are children or adults. FCCDs are Projective assessments in which the client places an image of themselves, their mother, or father in the center of a circle and then visually free associates by drawing symbols that come to mind around the central figure. The FCCD is founded on the ideas of symmetry and centering. In regards to symmetry, Burns references Rorschach’s research findings related to the development of the projective inkblot tests that indicate that symmetrical designs elicit more unconscious material and responses than asymmetrical designs. Burns uses the word “centering” to refer to a deep focus on one thing. Burns asserts that “by centering upon the self-created images” in a symmetrical matrix of the

parents or the...self may elicit “deep emotional reactions” and “bring insights and healing” (p.2). The process can reveal unconscious or repressed material that needs to be processed in treatment.

The procedure for the FCCD is as follows: the client is given a standard sheet of white 8.5x11 paper with a pre-drawn circle in the center of it with a diameter between 7.5-8 inches. The instructions for the FCCD are “draw your mother in the center of a circle. Visually free associate with drawn symbols around the periphery of the circle. Try to draw a whole person, not a stick figure or cartoon figure” (p.3). After the completion of the first drawing, the instructions are repeated, substituting self and father for mother. The therapist pays attention to a number of aspects of the completed FCCD including the relative size of the figures and symbols in relationship to each other, the figure’s expressions, and their gestures. Burns states that symbols placed above the figure’s head are usually of importance.

A variation of the FCCD is a Parent Self Circle Drawing (PSCD) in which similar instructions are given as above except the parents and the self are included together in the center of one circle. Some of the key things Burns (1990) suggests therapists pay attention to in the PSCD include: which figure is central (can reveal who has the most power), the relative size of the self-compared to parents, whether the self is represented as an adult or a child, and closeness or distance between figures. They also suggest therapists note if anyone is left out, facial expressions of figures, any omitted body parts from the figures, and any aspects of the figures that are overemphasized.

Brooke (2004) states that the information that can be obtained by the FCCD is limited because it only focuses on the art product and does not take into account the art process. She also states that the FCCD is a valuable tool when assessing the client’s relationship to their family, and would be especially useful with clients who have a conflicted relationship with one or both

of their parents. Oster (2004) states that the FCCD can be a useful tool for therapists when creating an initial hypothesis in treatment, especially if the nature of the symbols are considered including if they are negative or positive in nature. Oster also agreed with Burns that when using the FCCD, it is crucial to note the relative size of figures to one another. Oster states that the FCCD is a “stimulating model for obtaining expressive material to promote clinical insights and discussions” (p.121).

Family Map.

The Family Map technique developed by Dumont (2008) is used to gain information about the family’s interaction patterns and functioning through eliciting the youngest child’s perspective about the family. The procedure is as follows: the therapist explains to the family that they will be making a map to depict the youngest child’s experience of the family. The therapist delegates roles to the family members. The youngest child or children give instructions and the parents and older siblings assist by following the instructions given by the children. When there are multiple children in the family, the procedure can be adapted so they can work together and make joint decisions, or if needed, each child can make their own family map.

Next, the therapist makes a large circle on oversized paper and indicates that there will be room in this space for each family member. This can also be modified to two circles to represent two households if the parents are separated. The context of the family is included outside of the circle, including school, their neighborhood, or work. The children then select a color for themselves and for each person in the household. Each person is given the marker that represents him or herself, and the therapist stands in for those not present by holding their marker. The child is asked to represent someone in the family with a circle, considering the size and placement of their circle. The largest circle would be used to “represent someone who ‘takes up the most

space’.”(p.249). Next, the children direct the others to create lines between family members representing the nature of their relationships: double lines to represent close relationships and zigzag lines to indicate conflict. At the end of session, children are given the opportunity to modify the map if they wish. They are also asked to draw a new map about their wishes for the future. This process can help in the construction of goals for treatment.

The therapist notes the sequence of the relational lines, size and proximity of the circles to each other as well as alliances, and roles of family members including if they are peripheral or overpowering. In addition to providing the clinician with information about the children’s perceptions of the dynamics and relationships in the family, Dumont (2008) states that it can reveal to parents that children are aware of and effected by what is going on in the family, especially conflict.

Overall, family assessments developed by psychologists that utilize art are used to assess family dynamics and family member’s perceptions of the relationships between family members. Information is gained during these assessments primarily through the art product, rather than the family or individual’s process of creating the art.

Family Art Assessments Developed By Art Therapists

Kwiatkowska’s Family Art Evaluation.

Hana Kwiatkowska, one of the founders of family art therapy, developed a six step procedure to assess family dynamics and functioning called the Family Art Evaluation (FAE) during her time at the National Institute of Mental Health in the 1970s. It was initially used with clients with schizophrenia and their families as an adjunctive service for assessment and diagnostic purposes. The FAE ideally is administered during one session with all available nuclear family members present. During the FAE, the art therapist administers the assessment

while the primary therapist takes the role of *participant observer*. The participant observer makes observations about the family's interactions during the evaluation that can be referred to later in therapy (Kwiatkowska, 1978).

The materials used are: semi-hard square-edged pastels and white paper and the steps of the Family Art Evaluation go as follows:

1. A free picture
2. A picture of your family
3. An abstract family portrait
4. A picture started with the help of a scribble
5. A joint family scribble

In the first step, the free picture, the family members work independently on their own papers, and is told to "draw a picture of whatever comes to mind"(Kwiatkowska, 1978).

Kwiatkowska (1978) emphasizes the importance of communicating to the family that they are not expected to draw anything elaborate because throughout the course of the session they will be asked to make several drawings. In step two, the family portrait, the family is asked to get a new sheet of paper and "draw a picture of your family, each member of the family including yourself...draw the whole person" (p.87). The therapist also reminds the family during this step that they do not need to make extravagant photographic portraits of family members, and reassures them that there is no right or wrong way to do this. The therapist also avoids answering questions about who to include (or not) in the family portrait to allow the family members to make those decisions. During the third step, the family is simply asked to "draw an abstract family portrait" (p.87), and then the therapist answers any clarifying questions.

During the process of the Family Art Evaluation, the therapist and participant observer pay attention to the way family members discuss the art, and nonverbal behaviors such as if anyone helped the children adjust the easels, and if so, who. The way the family works together on the joint family scribble has the capacity to reveal power dynamics, the level of unity/disunity in the family, and the level of engagement of the individual family members. The sequence of the steps are important because through them, the family is “gradually led from complete freedom in their choice of subject to more structured, increasingly stress-producing procedures” (p.86). By comparing the images made throughout the session, information can be gained about how the family reacted to and handled the stress of the evaluation.

Klorer (2000) cites Kwiatkowska’s evaluation as a useful way to assess the entire family in treatment to find out more information about if the child’s acting out behaviors is derived from the family’s dysfunction. She states that during this evaluation, therapists can observe the family’s interactions, boundaries, and roles. Feder & Feder (1998) cite Kwiatkowska’s interpretations of family drawings relating to the placement of family members on the page, but state that interpretations should be done with caution and should take into consideration many factors including what the client says about their artwork. Feder & Feder also cite Kwiatkowska’s Family Art Evaluation as a valuable tool to use in the early phases of treatment. They note that she created a scoring system that has not been frequently utilized by other therapists. Sobol and Howie (2013) cite Kwiatkowska’s Family Art Evaluation as a useful tool in family therapy for observing family dynamics.

Landgarten’s Family Art Assessment.

Helen Landgarten (1978), the founder of Clinical Art Therapy, developed the Family Art Assessment which is a “standardized method for examining the way the family functions as a

group” (p.13) that is administered during the first meeting between the therapist and family. The

Family Art Assessment consists of three steps:

1. Nonverbal Team Art Task
2. Nonverbal Family Art Task
3. Verbal Family Art Task

During the first step, the Nonverbal Team Art task, the therapist instructs the family to divide into two teams. Once the teams are formed, each member of the family is asked to “select a color marker that is different from the others and is to be used for the entire session” (p.14). The therapist tells the family that each team will work together on a single piece of paper and are “not permitted to speak, signal, or write notes to each other while working on the art, and when finished, they are merely to stop” (p. 14). Once the artwork is completed by both teams, the teams are allowed to speak again, and are instructed to choose a title and write it on their drawing. In the second step, the Nonverbal Family Art Task, the entire family is asked to work together silently on a single sheet of paper. Once the art is complete, the family may speak to choose a title and write it on their artwork. In the third step, the Verbal Family Art Task, the family again completes a drawing on a single piece of paper together and then titles it, only this time they are allowed to talk the whole time.

As the family is doing the Family Art Assessment, the therapist’s main role is an observer and recorder. Landgarten (1978) lists seventeen points for observation that should be attended to while the family is working that include: who was/were the leader(s)/follower(s), how decisions were made, whose suggestions were accepted/ignored, and the amount of space on the page used by each family member. Attention should also be paid to the family’s style of working (individually, as a team, or taking turns) and if the family’s method of working is “cooperative,

individualistic, or discordant” (p.15). The formation of teams in the first step provides information about alliances within the family as well as who holds the power. In regards to the drawing itself, she states that it is important to note which family members cross over into another family member’s space in the art and which members occupy their own space on the page. The geographic location of each member’s contribution on the page should also be noted (eg: central, in the corner or near the edge). These elements of the family’s art process and art products reveal important information about the way the family functions, and Landgarten stated that “what happens in the art task is usually analogous to the interactions at home” (p.97).

Klorer (2000) cites Landgarten's Family Art Assessment as a helpful tool for evaluating a family’s functioning including roles, typical behavioral patterns, modes of communication, and ego strengths and weaknesses. She agrees with Landgarten that the interactions during the assessment likely reflect the interactional patterns that occur at home. Riley (1994) cites Landgarten and describes how family art tasks can uncover family patterns of behavior and interaction. Sobol and Howie (2013) cite and describe Landgarten’s Family Art Assessment as a useful tool in family therapy. Oster (2004) cites Landgarten and agrees that when administering art assessments to families, the therapist takes on the role of a careful observer, noting the family’s ways of interacting with one another. Feder & Feder (1998) state that Landgarten called the Family Art Assessment a standardized method of assessment, but argue that only the structure of the assessment is standardized because there are no norms and the interpretive process is intuitive and qualitative.

Benefits of Using Family Art Assessments in Clinical Treatment

Decreased defenses.

Authors including: Landgarten (1980), Kwiatkowska (1978), Klorer (2000), Wadeson (2001), Dumont (2008), and Burns and Kaufman (1970) agree that the art aspect of family art assessments has the power to reduce defenses and thus, yield useful information. Wadeson asserts that since “verbalization is our primary mode of communication, we are more adept at manipulating it” and intentionally “saying what we want to say and refraining from saying what we don’t want to say” (p.11). Wadeson also writes that art is a less common way of communicating for most people and, therefore, is “less amenable to control. Unexpected things may burst forth in picture or sculpture, sometimes totally contrary to the intentions of its creator” (p.11). These “unexpected recognitions often form the leading edge of insight, learning, and growth” (p.11). Landgarten states that “family members rarely recognize the subtleties they have revealed, since art represents an undefended form of communication” (p.16). Similarly, Dumont states that the activity of drawing makes the communication feel less direct and less threatening, which helps children to share material which might otherwise be more defended and less accessible (p.256). Burns and Kaufman state that drawing elicits information much faster than interviews. Kwiatkowska and Landgarten give case examples in which the Family Art Evaluation and Family Art Assessment allowed family members to express suppressed emotions through drawing or writing that were not directly verbalized in session. Klorer (2000) states that the incorporation of art into family assessments makes the process less threatening and “takes parents off their guard” (p.144).

Makes family dynamics visible.

Many authors in both the general and art therapy literature agree that family art assessments illuminate family dynamics and interactional patterns. DeOrnellas (1997) states that family art assessments are a nonthreatening way for therapists to see how children and other

family members view themselves in the family context and how they relate to one another. In addition, Wadeson (1980) states that family art assessments allow the focus to shift away from the person designated as the “problem” and “his or her misbehavior to the interaction of all family members, with all members held accountable” (p.399). DeOrnellas also writes that family art assessments provide children and their parents the chance to observe the way they interact with the other family members, which also shifts the focus away from viewing one person as a problem, and towards a more systemic perspective that takes into account all member’s contributions.

Landgarten (1980) believes that observing the way the family interacts during the art process through nonverbal communication provides valuable information about their typical interactional patterns. Landgarten and Wadeson (2001) cite case examples in which they administered art assessments to families and gained information from the process. Landgarten pays attention to who initiates the drawing, whose suggestion is taken about the title, and who follows. Oster (2004) also states that it is important to pay attention to who leads and follows, as well as if any member is working independently of the others. Oster notes that alliances can also be revealed through who works closely together; conflicts can manifest in one family member crossing over into another family member’s part of the drawing.

Authors in both the general and art therapy literature agree that the art product itself can show family dynamics. DeOrnellas (1997) also asserts that the art provides “concrete examples for the therapist to use when sharing hypotheses and interpretations...about interpersonal relationships”(p.452). Dumont (2008), Landgarten (1980), Kwiatkowska, and Burns (1990) all agree that aspects of the art such as the size and position of family member’s contributions to the drawing can reveal who has power and centrality in the family and who does not. Landgarten

said “every gesture and mark provides a clue to the family system” (p.15). In Haber’s (2012) study, the Family Art Assessment was administered to families by an art therapist while the primary therapist observed. Many primary therapists shared that they gained clarity and insight into the family dynamics including: roles, relationships, interactions, and feelings as a result of the assessment. Oster (2004) stated that the art serves to document and provide a “source to visually describe the family dynamics” (p. 237) and stated that the drawings can reveal relational strengths and weaknesses, patterns of behavior, and roles.

Guides treatment planning.

Authors in the art therapy literature such as Landgarten (1987), Kwiatkowska (1978), DeOrnellas (1997) and Wadeson (1980) agree that family art assessments have the capacity to guide treatment and they cite case examples of how information gleaned from family art assessments provides valuable information that was used to create interventions in treatment. Klorer (2000) states that family art assessments help the therapist to identify the family’s strengths and those strengths can then be integrated into the treatment approach when tackling the presenting problems. The majority of clinicians in Haber’s research agreed that the Family Art Assessment helped them gain insight into the roles and relationships within the family, and a majority of clinicians involved also agreed that the information gained would be helpful in treatment planning.

Facilitates visualization of child’s perspective.

An overarching theme found in much of the literature about family art assessments is that they have the capacity to include all family members, especially children, in the therapeutic process in a way that levels the playing field and allows their voices to be heard. Authors from the general and art therapy literature including Dumont (2008), Wadeson (1980), Ford Sori

(2006), and Burns and Kaufman (1990) agree that children's perceptions of the family are important and need to be heard. Many of the founders of the discipline of family therapy agree that children's inclusion and participation in treatment is vital. In an interview, Salvador Minuchin, the founder of Structural Family Therapy, stated that he deliberately includes children in the session and asked for their insights (Ford Sori, 2006). Wadeson asserts that the rationale for family therapy is rooted in the recognition that an individual's response to life are learned within their family context and their difficulties are formed within and sustained by their family system. She also states that the individual's pathology "is viewed as residing in [the family] matrix rather than in the individual alone" (p.397).

Authors in both the general and art therapy literature agree that children's perceptions have the capacity to provide valuable information in treatment. Ford Sori (2006) states that "children can offer clinician a wealth of information about the relationships, structure, and communication among family members" (p.11). Dumont (2008) agrees and adds that children's "spontaneous and intuitive grasp of family life provides invaluable information" (p.247). Dumont also asserts that children are profoundly affected by their families, so their needs should be considered when affecting change within the family.

Many authors also agree that the art gives children the ability to express themselves more than verbal communication alone. Wadeson (1980) states that the art gives children the ability to communicate on level ground with adults, which is necessary because parents are usually much more verbally articulate than their young children. Dumont (2008) states that parents' ability to verbally describe their perceptions of the family can overshadow the views of the children in therapy. Wadeson makes the case that children often feel very comfortable using art supplies and "find a way of making themselves heard within the family that may not be possible for them in

their regular family interactions” (p.399). Burns and Kauffman (1990) agree that children communicate more spontaneously and naturally through bodily movement, like artmaking, than through verbalization. Wadeson also states that art therapy “provides a vehicle for the sharing of perceptions within the family” (p.396). Clinicians in Haber’s (2012) research also stated that Landgarten’s Family Art Assessment helped them to “see children in a different light and explore their needs.”

In conclusion, aside from Haber’s research, all of the literature included in this review took the form of case studies and descriptions of various family art assessments. More research is needed about the effectiveness of family art assessments in not only providing information about children’s’ needs, but also about how that information can be used by therapists to advocate for the needs of clients.

IV. Research Approach

This research utilizes qualitative methods, in particular semi-structured interviews. Cresswell (2014) states that qualitative research involves gathering data in the participants' setting, is aimed at collecting participant meanings, and the researcher "making interpretations of the meaning of the data" in an inductive style. Research conducted in this manner honors the "importance of rendering the complexity of a situation" (Cresswell, 2014, p.4). Galletta (2012) states that semi-structured interviews are sufficiently structured to address the various dimensions of a research question, but they are also flexible and leave space for "participants to offer new meanings to the topic of study" (p.2).

Within the semi-structured interview, participants will be asked to make art about the study topic. According to Kapitan, a strength of artistic inquiry is its' ability to reveal what might be hard to explain in language. Artistic expression "strives to capture the ineffable or hidden aspects of practitioners knowledge" in a form that can be perceived holistically and all at once (Kapitan, 2010, p. 164). Utilizing art-making in addition to semi-structured interview provides an opening for additional information to emerge. By combining linguistic and visual responses, this research approach will yield information as multifaceted as the study topic itself.

V. Methods

Definition of Terms

Assessment refers to gathering information about a client including their family dynamics and history. According to Laureate Education (2015), assessment allows them to gain a broader understanding of the client's broader context and specific details about their life.

Clinician as described by Miriam Webster (2015) as an individual qualified in the clinical practice of medicine, psychiatry, or psychology. The term clinician will be used throughout this paper to refer to anyone working in mental health including marriage and family therapists, art therapists, and social workers.

Family Dynamics will be used to refer to the interactional patterns, roles, and rules of a family. Landgarten (1980) uses the phrase family dynamics to refer to roles, implicit and explicit messages given to/from members of a family, and patterns of interaction.

Design of Study

Sampling. Subjects will be chosen from the pool of family clinicians who participated in the family art assessment. This will include the director of the agency and the clinical director and several family therapy clinicians. The subjects will be informed of the opportunity to participate in the interview or survey of the program at their staff meeting. They will be told that the interview will take between 20-30 minutes.

Gathering of Data. Family Art Assessments will be administered by Dr. Paige Asawa, LMFT ATR with the primary clinician present in the session in the role of participant-observer. Afterwards, a brief interview will be conducted by the student researcher. The student researcher will administer a consent form with the name of the agency prior to data collection. The student

researcher will have clinicians fill out a survey following their participation in the Family Art Assessment.

Preliminary Semi-Structured Interview/ Survey Questions:

1. What is your title/training?
2. How many times have you used the Family Art Assessment as a consultation?
3. Did the art reveal anything about the family that you didn't already know?
4. Did you gain any new information about the children's perspectives or needs?
5. How has/will this information help you advocate for the children's needs?
6. How will the information gained impact the course of treatment?
7. Overall, describe how the family art assessment impacted your understanding of the family.
8. Create an image about the most important piece of information you gained about the family.

Analysis of Data.

A qualitative data analysis approach was utilized. First, the surveys were read through in their entirety by the researcher. Then, the interview was transcribed and read through by the researcher. Then, the researcher did a preliminary exploratory analysis of the data in which the researcher read through the transcripts, looked at the art responses, and made notes along the way. During this process, the researcher used textual analysis to find emergent themes to be used in the research results. The researcher clustered codes into groups to identify emergent themes from the data. The final themes included all of the data in the interview transcript and participant art and gives a comprehensive picture of the information revealed through this study which is presented in the findings section. The research questions below are answered through the analysis of this research.

1. Did clinicians gain about the children's perspectives or needs through the use of Helen Landgarten's Family Art Assessment?
2. What was the nature of information gained in regards to children's perspectives and needs?
3. To what degree did clinicians find the information gained useful in advocating for the needs of children?
4. Will the new information gained impact the course of treatment? In what ways?
5. Were any new insights gained by clinicians about the families they are treating? If so, what?
6. Did clinician's case conceptualization change as a result of the assessment to include the children's perspectives and needs to a greater degree?

VI. Results

Presentation of Survey Data

Dr. Paige Asawa offered the Family Art Assessment as a consultation service to clinicians at the Barbara Sinatra Children's Center. Five clinicians referred families on their caseload to participate in the Family Art Assessment. After conducting Family Art Assessments with the five families and having a discussion about each the cases with each clinician that included recommendations, Dr. Paige Asawa administered surveys to the five clinicians. All five clinicians agreed to participate. One participant's survey responses will be omitted from this study due to illegible and indecipherable answers. Each survey consisted of eight questions encompassing the clinician's demographic data and what information they gained about the family through the Family Art Assessment about family dynamics, the children, and how this information helped them advocate for the needs of the children. The survey also asked about how the Family Art Assessment impacted their course of treatment. Aside from the demographic questions, the questions were open ended in nature and there was space for the participants to explain their answers. The section below presents the data collected in the survey responses.

Demographics.

Participant	Degree/License	Time worked at BSCC	Number of times participated in the Assessment
1	LMFT	18 years	3
2	Psy D.	17 years	3
3	MFT-I	13 years	2
4	MFT-I	10 months	1

Participant 1's survey responses.

Dynamics revealed by the Family Art Assessment. When asked about what dynamics they learned about through the Family Art Assessment, participant 1 wrote that she learned of “enmeshment issues” between a mother and her son, and said the assessment was a “confirmation of the mother’s need to be needed.”

Information about the children. Participant 1 reported that the “strength and assertiveness” of a child in the family was “very evident during assessment.”

Advocating for the needs of the children. In regards to how the new information gained will be used to advocate for the needs of the children, participant 1 reported that the assessment helped her to “move towards a possible termination, and referral for mom to attend one on one counseling for her own needs.”

Impact on the course of treatment. When prompted about how the Family Art Assessment will impact the course of treatment, participant 1 stated that she will encourage both the mother and child “towards self-empowerment and independence.”

Participant 2's survey responses.

Dynamics revealed by the Family Art Assessment. Participant 2 stated that the Family Art Assessment “confirmed dynamics of power, hierarchy, resistance, [and] a divided family.” This same participant elaborated that although the family reports having a functioning relationship, the “divide between mother’s family and father’s family [is] significant” and the “level of secrets were clear.”

Information about the children. Participant 2 stated that she learned that the “sister is placed ‘in charge’” and that there is “much pressure placed on” her. She also reported that she

had “not had contact with grandparents” prior to the assessment. She learned through the assessment that the grandparents “have significant mental health issues and diagnoses,” which “impacts the environment for the children.”

Advocating for the needs of the children. In regards to how the new information gained would be used to advocate for the needs of the children, participant 2 stated that she gained an understanding that the client (a child) is impacted by the division between the stepmother and the mother, and feels “pressure to fully accept step mother.” Participant 2 explained that the stepmother’s “need to control and have power over the family furthers clients defiance and resistance.” Participant 2 stated that she will “use this information to advocate for client’s need to love her mother” and not have to choose to be sided “against her.” Participant 2 also indicated that the Family Art Assessment helped her to continue to assess for possible sexual abuse perpetrated by the client’s father. She stated that she will “continue to assess at each appointment until it is clear that the client is safe.”

Impact on the course of treatment. In describing how the Family Art Assessment will impact the course of treatment, Participant 2 stated that although the family “tries to present as cohesive”, but the “disengaged and broken aspects of relations became apparent” through the assessment and can thus be addressed in treatment.

Participant 3’s survey responses.

Dynamics revealed by the Family Art Assessment. Participant 3’s answer to this question was illegible and indecipherable to the researcher so it will be omitted.

Information about the children. In regards to new information gained about

the children in the family, Participant 3 wrote that she learned that there is a “lack of communication between [the] mother and her children” and that both of the children “respect” their mother.

Advocating for the needs of the children. When asked how the information gained would be used to advocate for the needs of the children, Participant 3 indicated that she will “let them [the children] talk” and make “decisions conjointly.”

Impact on the course of treatment. Participant 3 stated that the Family Art Assessment gave the family “motivation to work as a unit.”

Participant 4’s survey responses.

Family Dynamics. In regards to which family dynamics were revealed by the Family Art Assessment, participant 4 wrote that the assessment “facilitates open communication and provides insight into individual and family dynamics”.

Information about the children. When prompted to share about new information she gained about the children, she wrote that she noticed that the “child gravitates more to father” and “she communicates more with father and offers help to him”. She noted that “mother isolates [herself] from family” and postulated that “something is keeping her away.” She noted that “father’s family drawing did not include [the] mother.”

Advocating for the needs of the children. When asked how the new information gained will be used to advocate for the needs of the children, participant 4 stated that she Family Art Assessment “provides [the] opportunity to process therapist observations of family interactions” and “process information [relating to] verbal and non-verbal interactions” including “facial expressions and body language.

Impact on the course of treatment. Participant 4 stated “this can have a positive impact

on... treatment and family system by addressing possible issues/concerns that would otherwise be avoided.”

Presentation of Interview Data.

After reading the surveys and reviewing the artwork from the Family Art Assessments, the researcher selected one participant, participant 4, to interview in order to gather more comprehensive data about that case. Dr. Paige Asawa contacted the clinician to request that she take part in an interview and then the researcher reached out to her to schedule a phone interview. The therapist informed her that the interview would take 30 minutes and would be recorded and transcribed for research purposes. Participant 4 agreed to be interviewed.

During the interview, the therapist asked participant 4 some open ended questions to gather more information about how the information gained in the Family Art Assessment impacted her treatment and helped her advocate for the needs of the children. This case was selected because there were many questions that were raised by the participant’s survey responses and the clinician was curious to learn about the specifics regarding information yielded by the assessment.

In regards to the most important observation about the family’s nonverbal or verbal interactions that she made during the assessment, participant 4 stated that “between the mother and father there wasn’t a lot of mutual planning” and they worked independently of one another. She stated that this revealed the way the family functions at home in their “everyday life.” The researcher brought up how the father did not include the mother in his drawing of the family, and how the participant wrote “something is keeping her away” in her survey, and prompted participant 4 to share about that. Participant 4 identified the underlying issue as “domestic

violence between mother and father” and stated that she found out this information in a collateral session with mother following the Family Art Assessment. She described the domestic violence as “a lot of emotional abuse between mother and father.” She stated that the Family Art Assessment aided her in finding out this information.

When asked how she thinks the mother’s isolation is effecting the client, she stated that the client “clings a lot to her father and we could see that during the assessment, she would involve father in what she was doing... or would look to what he was doing for guidance or to help him out or give him prompts but she wouldn’t necessarily do that with mom.” Participant 4 described the client’s demeanor was towards her mother and stated “it was kind of like mom wasn’t really there.” She described their seating arrangement during the assessment as allowing the child to interact with both parents, but noted that the client did not interact with her mother. When prompted, she stated that she plans to utilize interventions to encourage the mother to be more involved with the client and plans to include the father also.

In regards to the specific issues she noticed during the assessment that she didn’t know about already she stated “primarily the parenting.” Participant 4 attributed the client’s regressive behaviors to the “mixed messages” she receives from her parents as well as their difference in parenting styles. She noted that in addition to different parenting styles, each parent has different expectations of the client. She stated that the difference in parenting styles became obvious while she observed the family’s interaction patterns during the assessment. She stated “the client and dad just kind of clung together and it was almost as if mom wasn’t present.” She continued that the father and client “proceeded with their activity and unless we asked for mom’s participation in a family activity.” She noted that the communication between the mother and father was very minimal. She stated that the mom uses “positive reinforcement” and “redirects behaviors.” When

asked about the father's parenting style, she stated that she "gathered from the art assessment that father is at times, more permissive." In a follow up session with mom, she learned that the father is at times very permissive and at other times very strict and uses physical punishment.

She stated that she plans to address these parenting issues by working with the client and mother to address communication between them because she noticed that the client clung to her father and therefore seemed to lack respect for her mother especially in regards to her implementation of boundaries in the home. In regards to what she thinks the child needs in terms of parenting, she stated the parents need to communicate better and establish just some ground rules and boundaries regarding discipline and continued that the client is having difficulties following rules and she stated "it has a lot to do with what is going on at home."

Below is the artwork created by Participant 4's client and their family during the Family Art Assessment. The client, an 8 year old female, her mother, and her father were present during the assessment. Dr. Paige Asawa administered both Landgarten's Family Art Assessment which consisted of a nonverbal and then a verbal drawing done by all three members of the family on one sheet of paper for each drawing. For both the nonverbal and verbal drawings below, the mother used a green marker, the father used a blue marker, and the child used a purple marker. The team drawings were omitted because there were only three members present. Dr. Paige Asawa also administered the Kinetic Family Drawing during the session.

Figure 1. Nonverbal Drawing (below)



Figure 2. Verbal Drawing (below)

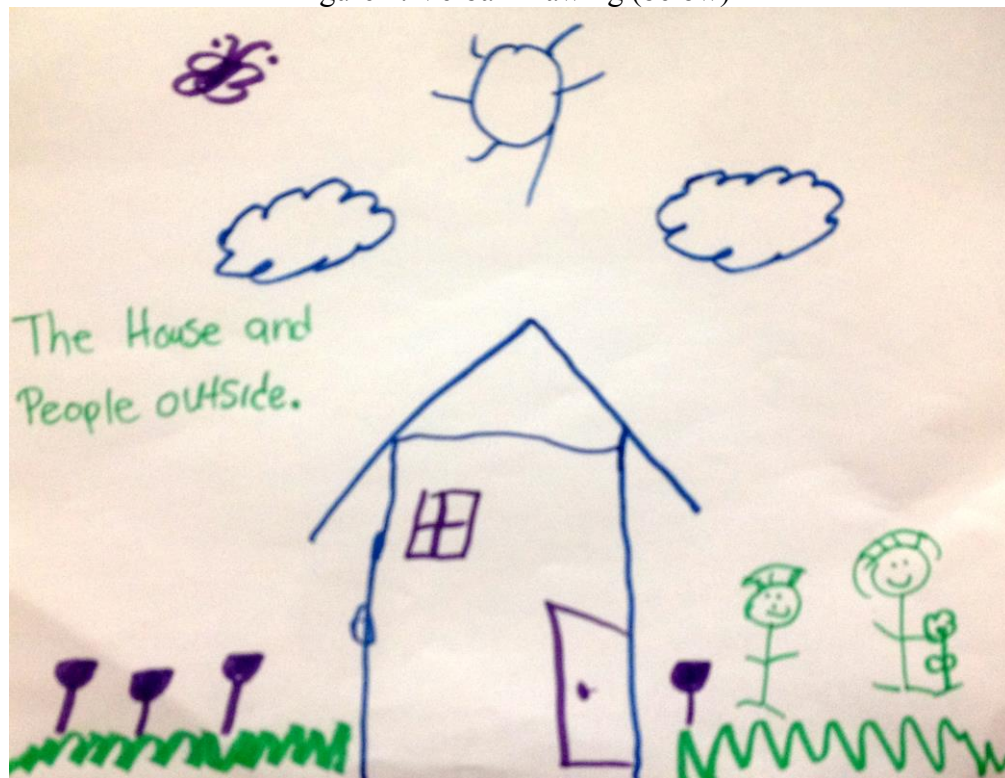


Figure 3. Child's Kinetic Family Drawing (below)

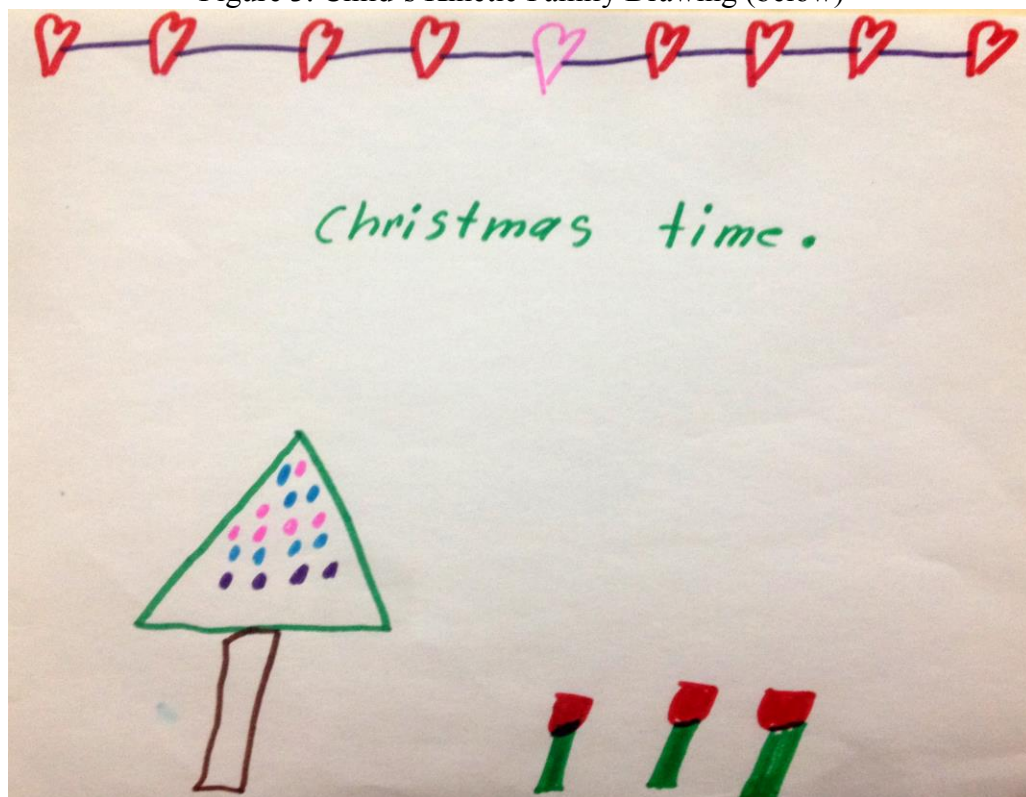


Figure 4. Father's Kinetic Family Drawing

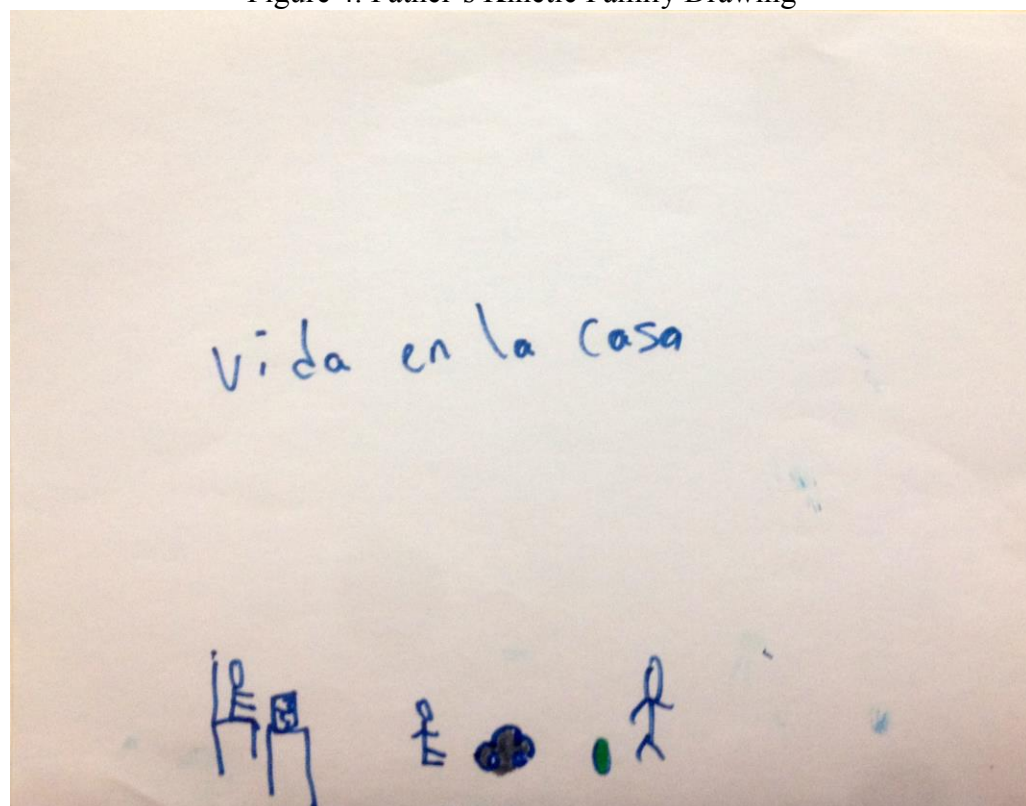


Figure 5. Mother's Kinetic Family Drawing



Analysis of Interview Data

The following section outlines and described emergent themes that were illuminated in the interview data through the process of textual analysis within the researcher's research cluster and also in solitude. The researcher noticed during the analysis process that the clinician reported gaining vital information for the effective treatment of the family, most of which was gained from observing the family's nonverbal and verbal interactions through the assessment process. Much of what was learned was made apparent by how the family members interacted with each other when presented with the art tasks. Their interaction patterns during the art process illuminated for the clinician vital information about their home life and family dynamics and how those dynamics were impacting the children in the family.

Emergent themes.

Impact of domestic violence. The impact of domestic violence on the family's home life and especially the negative influence it has on the child emerged throughout the interview with participant 4. The way the family interacted during the assessment served as a window for participant 4 to see patterns and dynamics present in the family's home life. Participant 4 stated that the interactions (or lack thereof) between family members during the Family Art Assessment paralleled how they "handle their everyday life at home." Participant 4 described the mother's isolation by stating that "something is keeping her away." During the assessment, Dr. Paige Asawa suggested that the clinician meet with the mother alone in order to gather more information about what was going on. During the session alone with the mother following the assessment, Participant 4 identified "domestic violence between mother and father" as what was keeping the mother away. She described the domestic violence as "a lot of emotional abuse between mother and father" and towards the beginning of the interview she stated that "it doesn't seem like the client knows or understands that this is an issue between mother and father."

Throughout the interview, participant 4 described the ways in which the domestic violence and subsequently home life are negatively impacting the child's relationships with her parents and also her behavior. She stated that during the assessment, the child gravitated towards her father and it seemed as if "mom wasn't really there." Mother's isolation from the family was evident in her own artwork, as evidenced by Figure 1, the nonverbal drawing in which the mother's drawing of flowers, grass and birds are not only facing a completely different way than the other family members, but is also enclosed inside of a line that forms a barrier between herself and the other family members. This is a common marker in the artwork of victims of abuse, those outlines can symbolize a need for a boundary to protect oneself from abuse. In

Figure 4, Father's Kinetic Family drawing that he titled "Vida en la casa" (translated as "Life in the house"), he did not include the mother in his drawing of the family. He only included himself and his two children. The ground line in the mother's Kinetic Family Drawing, became increasingly agitated as the assessment progressed. Particularly the blue wavy lines across the bottom of the page and the green lines in the bottom right-hand corner appear very agitated and anxious. The overlapping nature of them also evokes a sense of chaos or dysregulation, which reveals to us something about mother's internal state. Children are keen to their parent's emotional states and it definitely impacts their sense of well-being and safety when one of their parents is withdrawn and presents as anxious.

Participant 4 also noted the lack of interaction between the client and her mother and described their seating arrangement during the assessment "father was in the middle, and client was to one side and mom was on the other side". She pointed out that the client did not interact with her mother during the assessment and stated that the client "would have been able to reach over to mom just like she was able to reach over to dad". Mother's isolation and lack of connection during the assessment gave participant 4 "the idea that something was going on."

At the end of the interview, she described the ways that the child is acting out in response to the domestic violence including issues the client is having "at home and school" like that she is "not following rules" such as "sit in your seat" or "don't disrupt". She stated "she is having a lot of difficulties" and "it has a lot to do with what is going on at home", referring to the domestic violence. Through reflecting more on the Family Art Assessment and the follow-up sessions, participant 4 gained more clarity and understanding about the ways the domestic violence was impacting the child. Her view shifted from thinking that the child did not notice the

domestic violence to actually attributing the issues the child was having directly to her experience of the violence within her home.

Power Dynamic. Participant 4 described the way that the power dynamic within the home was evident during the assessment. The family emulated the interaction patterns that occur at home and participant 4's comments about the assessment indicate that the father holds much of the power in the family. For example, the therapist described that the client gravitated towards her father during the assessment and "would involve" him or "would look to him for guidance" or "help him out" but "she wouldn't necessarily do that with mom." She noted that the client and her father "clung together...as if mom wasn't present." Highlighting the lack of interaction between the child and her mother during the assessment, Participant 4 described the seating arrangement, with father in the middle and the client on one side and the mother on the other side. She noted that the daughter did not engage with mother in the ways she engaged with her father; the mother worked in isolation for most of the assessment and only became involved when prompted. She asserted that the "mother's isolation is impacting the client." She also stated that "mother and father seem to have a lot of issues in terms of parenting." Participant 4 observed that the "nonverbal and verbal communication between mother and father was very minimal but with client and father it was different." She asserted that the client clings to her father and "therefore doesn't really seem to respect [her] mother in terms of her implementing boundaries [and] rules at home." This lack of cooperation between the parents and also the undermining of the mother's authority over her child is related directly to the power dynamic that exists within the family. The father holds much of the power in the family, thus, the child does not feel the need to respect or listen to her mother.

When these interactions are considered in light of the underlying issue of the father's abuse of the mother, it is evident that the client closely aligned herself with the father as an act of self-preservation or protection. Just as the father did not include the mother in his Kinetic Family Drawing (Figure 4), the child did not include human figures in her Kinetic Family Drawing, but she did include three flowers in a line (Figure 3) which most likely represent herself, her father, and her younger sibling.

Disconnection. Through the Family Art Assessment, participant 4 identified disconnection as a main issue impacting this family. She stated that there "wasn't a lot of mutual planning or mutual agreement... between [the] mother and father" and they were working independently of one another. She noted that there was very minimal communication between mother and father during the assessment. Very limited connection or communication was also witnessed between the client and her mother. Participant 4 observed that it was like "mom wasn't really there" during the assessment. This isolation of mother is also evident in the Nonverbal Family Drawing (Figure 1) in which the mother drew a line that acts as a barrier between her and the other family members. The father's Kinetic Family Drawing (Figure 4) omits the mother, further emphasizing the disconnection that exists between them.

Participant 4 highlighted the disconnectedness of the mother and father's parenting styles and the impact that has on the client. She stated that both mom and dad have different parenting styles and contrasted her perception of the high degree of effort the mother has put into learning how to be a good parent compared to the father's lack of effort and inconsistency. She described the father as sometimes "very permissive and at other times very strict using physical punishment." Participant 4 stated that the incongruence in the messages, parenting, and expectations the client receives from her parents are resulting in her regressive behaviors.

Efforts to increase connection and communication. In an effort to address the disconnection in the family, participant 4 indicated that she was going to increase the connection and communication between the members of the family. She stated that she would like to encourage the mother to be more involved with her child and would like to strengthen their relationship while continuing to include the father in the treatment. She plans to do some collateral work with the client and her mother to “address communication between them” while still working with the family as a whole. When prompted about what the child needs that she is not getting, participant 4 stated that “the parents need to find a way to communicate better” and “establish some ground rules and boundaries regarding discipline.”

Responses to study questions.

What was the nature of information gained in regards to children’s perspectives and needs?

Overall, clinicians gained information about the children in the family through the observation of the process of the Family Art Assessment and the consultation with Dr. Paige Asawa. Clinicians discovered vital information for the effective treatment of the family that was not shared directly through verbalization by either the children or the parents. The family dynamics and interactional patterns the children were experiencing in their home life were revealed to the clinicians during the assessment. The evidence was in the interaction patterns during the assessment, many of which were nonverbal, including the engagement or lack of engagement in the art process. The clinicians were able to observe their families interacting with one another in real time which yielded more information than they would have gained from hearing the family describe their family life or interactions. Wadeson (1980) stated that “the eloquence of the tangible object and the opportunity for immediate interaction and genuine, spontaneous expression are of primary importance [in assessing families]. For example, after a psychiatrist... sat in on their conjoint art

evaluation session, he said that he learned more about the couple in one art evaluation than he had in 10 previous conjoint sessions” (p. 402-403).

Participant 1 noticed strengths and abilities in their child client such as assertiveness for the first time that became “very evident during the assessment.” Similarly, in Haber’s (2012) study, a clinician stated that the Family Art Assessment allowed her to see children in a different light and explore their needs. Klorer (2000) states that family art assessments help the therapist to recognize the family’s strengths and then integrate those strengths into the treatment approach when tackling the presenting problems.

Participant 2 learned about the roles of the children in the family, including roles that are not age-appropriate. She noted that one of the children in the family (the client’s sister) is “placed in charge” which places a lot of pressure on her. Participant 2 also learned about the context the children were living in and the ways that some of the caretaker’s mental health issues were negatively impacting the children’s home environment. For Participant 3, the Family Art Assessment illuminated the lack of communication between the mother and her children and their need for increased communication.

During the assessment, Participant 4 observed interactional patterns between her child client and both parents that revealed there was a secret in the family. In the interview, she shared that she followed up by having a collateral session with the mother after the assessment to gain a better understanding and she learned that there was domestic violence occurring between the mother and father. The power dynamic involved with the domestic violence and the lack of congruency in the parents’ parenting styles became apparent during the assessment. The child aligned herself with the person with more power, the father. The clinician was able to see the clear connection between what was going on between the parents and the child’s acting out

behaviors that had previously been misunderstood. Participant 4 became aware of the child's need for her parents to be aligned in terms of their expectations and parenting approach. She also noticed that the child would benefit from increased communication between her and the mother as well as increased communication between the father and the mother.

How did clinicians find the information they gained useful in advocating for the needs of children? Clinicians across the board noticed the ways children's behaviors were related to relational dynamics within the family, and they seemed to shift away from viewing the client's behaviors and difficulties in isolation and towards the ways they were emerging from within their family system. Wadeson (1980) asserted "the rationale for family therapy is rooted in the recognition that the individual's learned responses to life and difficulties in living evolve from and are part of an ongoing network of family relationships" (p. 397). The assessment seemed to do just that: provide the clinicians with an opportunity to observe the family's larger relational dynamics and how they are impacting the children. Participant 1 reported that the assessment helped her to identify that there were enmeshment issues between the mother and the child, and she realized that she needed to move towards termination of the child's treatment and refer the mother for her own personal therapy. Participant 2 learned that the child is impacted by the division between her stepmother and mother, and feels "pressure to fully accept step mother."

Participant 2 gathered that the client's defiant and resistant behavior at home is directly connected to the step-mother's "need to control and have power over the family. Participant 2 stated that she will "use this information to advocate for client's need to love her mother" and to prevent her from being forced to side "against her." She also stated the assessment helped her to continue to assess for possible sexual abuse perpetrated by the client's father, but did it was not clear whether abuse was occurring. She stated that she will continue to assess in order to ensure

the client is safe. Participant 3 stated that she will intentionally allow the children to speak during future sessions and make “decisions conjointly.” Participant 4 planned to increase communication and connection between the child and her mother in order to meet the child’s needs. She also intended to increase communication between the parents and help them find a common ground in regards to parenting in order to reduce some of the stress on the child resulting from the mixed messages she was receiving from both parents. Overall, clinicians understood the ways in which the children’s emotional problems and acting out behaviors were tied to other conflicts, dynamics, and roles within the family and shifted their focus to addressing the children’s needs by addressing the larger family issues.

Will the new information they gained impact the course of treatment? In what ways?

All four clinicians stated that the information they gained during the Family Art Assessment will impact their course of treatment. Each clinician also described the ways in which the treatment would be altered as a result of the assessment. Participant 1 plans to encourage both the mother and child “towards self-empowerment and independence.” Participant 2 described how she saw through the family’s veneer of cohesiveness and was able to identify the “disengaged and broken aspects” of the relationships in the family. Since art is an unusual mode of communication for most families, they often are unaware of what they are showing the therapist about their family during the Family Art Assessment. Landgarten states that “family members rarely recognize the subtleties they have revealed, since art represents an undefended form of communication” (p.16). Participant 3 stated that the Family Art Assessment gave the family “motivation to work as a unit.” Participant 4 stated “this can have a positive impact on... treatment and family system by addressing possible issues/concerns that would otherwise be avoided.”

Did clinicians' case conceptualization change as a result of the assessment to include the children's perspectives and needs to a greater degree? Overall, the clinicians gained a deeper understanding of the children's experience in their family system and learned new information about the children. The art assessment provided a new lens for the clinicians to see the family through, and in the survey all of them indicated that their course of treatment was impacted by the family art assessment. This aligns with Haber's (2012) study in which "the majority of participants reported that observing the family art assessment...helped in treatment planning with families" (p. 66). Participant 1 indicated that as a result of her new understanding of the enmeshment between the mother and child, her treatment will focus on encouraging the mother and child toward self-empowerment and independence.

During the assessment, participant 2 was able to identify the lack of cohesion in the family despite their attempts to hide their relational problems from the therapist. She identified factors in the family system that may be contributing to a difficult home environment for the children and stated that she will now be able to address the family's "disengaged and broken aspects of relationships" in treatment. Similarly, participant 4 described how the assessment allowed her to gather more information about the family that would allow her to "address possible issues/concerns that would otherwise be avoided" including domestic violence and a lack of communication between the parents that were both having a detrimental impact on the children. After the assessment, participant 3 expressed a commitment to allow the children's voices to be heard in the treatment by allowing them to speak and make decisions together in session.

Findings.

Study findings derived from the art, survey, and interview data indicate that Family Art Assessments, when used as a consultation service administered by an experienced art therapist, can serve as an invaluable tool to provide clinicians with a more complete understanding of the families they are treating. Through observing the assessment and receiving input from the art therapist afterwards, clinicians gained vital information about the families that included the perspectives, strengths, and needs of the children.

The Family Art Assessment allowed the clinicians to watch the families interact in real-time through the art process in a stressful situation that is outside the typical session in family therapy. This revealed relational dynamics that were previously unknown by the clinician. The nonverbal nature of the art tasks showed the clinicians a side of the families they had not understood prior to the assessment. They were able to observe them interacting with each other rather than just describing their relational dynamics to the therapist. This allowed the clinicians to see the amount and the nature of nonverbal and verbal communication between family members. The most valuable information clinicians stated that they gained during the assessment was not anything that the children or adults in the family directly stated verbally. Instead, the instructive emergent insights were in the artwork and gestures the family members made as well relational roles that they fell into during the assessment. The family members likely were unaware of the amount of nonverbal disclosure they were displaying during the family art assessment. This aligns with Wadeson's stance that art is a less typical mode of communication for most people and, therefore, is "less amenable to control" (p.11). This finding also is supported by Landgarten's claim that "family members rarely recognize the subtleties they have revealed, since art represents an undefended form of communication" (p.16).

Clinicians gained useful information about the family dynamics and the ways those dynamics were impacting the children. Although the clinicians had already been providing treatment for the families, through the assessment they quickly identified new information that impacted their course of treatment. This information included issues such as enmeshment between family members, stressors in the home environment, and problematic roles of the family members, including the children being placed in roles that were not age-appropriate and therefore stressful. This supports DeOrnellas's (1997) statement that with the Family Art Assessment, therapists "can begin to understand family interactions and individual perceptions and behaviors in a relatively short period of time" (p. 452).

The findings also indicate that the Family Art Assessment allowed the clinicians to envision a path in treatment that included advocating for the children's needs. It also aided clinicians in conceptualizing their cases from a more systemic perspective that considers the children's environment and relational patterns within the family as contributing to their problem behaviors and symptoms, rather than viewing them in isolation. The Family Art Assessment is an invaluable tool especially privileges children's needs and perspectives in a system that so often pathologizes children and prioritizes fixing their problem behaviors rather than addressing the systemic causes of those behaviors that emerge from within the family as a whole. As demonstrated by this study, this assessment can empower clinicians to advocate for the needs of the children.

The findings from the survey and interview data indicate that the Family Art Assessment yields more information about the family dynamics and the necessary course of treatment than verbal assessment methods alone. Not only did the Family Art Assessment provide necessary information clinicians were missing, but clinicians were able to obtain information about the

family in a single assessment lasting around 75 minutes that they been unable to obtain in multiple weeks or months of verbal assessment and therapy. Therefore, the Family Art Assessment or other similar Art-Based Assessment methods would be a valuable addition to the treatment approach in behavioral and mental health clinics that treat families and children.

As evidenced by this study, this assessment is a powerful tool when administered and interpreted by an experienced art therapist. In order for clinics to effectively integrate the Family Art Assessment into their treatment, it would be important for a qualified art therapist to conduct the assessment either as a consultation service or as part of their role within the clinical setting.

VII. Conclusion.

Surveys administered to clinicians after the administration of the Family Art Assessment yielded useful data in regards to the effectiveness of the assessment at providing clinicians with information about the family dynamics and the needs of the children and how that information impacted their course of treatment. However, the written nature of the survey responses seemed to yield very brief answers and engagement with the questions. The interview portion of data collection provided the researcher with much more detailed and precise information about exactly what the clinician learned about the family and how her treatment plan shifted accordingly. This was because the researcher had the flexibility in the interview process to ask open-ended, follow-up and clarifying questions.

The limitations of the study include a small sample size within a single agency which makes it difficult to be ascertain with certainty if these findings would reflect the experiences of family therapists in a broader sense. A larger sample size could improve studies similar to this one in the future and make it more generalizable.

Future studies could include interviews of multiple clinicians or possibly consist of a focus group. Those formats of study would have the capability to yield more in-depth information about the ways that the Family Art Assessment provided necessary information for the effective treatment of families and in particular children. During the administration of the Family Art Assessment, Dr. Paige Asawa also asked each family member to draw a Kinetic Family Drawing in order to gather more information about each member's perspective and their experience in the family. Future studies could also include modified versions of the Family Art Assessment process, with added components to yield specific types of information that the clinician is looking for.

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IX. APPENDICES

Appendix A:

Family Art Assessment Survey- Barbara Sinatra Children's Center

Thank you for taking the time to fill out this survey.

1. How long have you worked in this setting?
2. What is your training background?
3. What is your degree and/or license?
4. How many times have you used the Family Art Assessment as a consultation?
5. What dynamics did you learn about from the Family Art Assessment?
6. What information did you learn about the children in the family?
7. Describe how this information help you advocate for the needs of the children.
8. Please describe below any impact the Family Art Assessment had on your course of treatment:



INFORMED CONSENT FORM FOR PARTICIPATING THERAPISTS

Purpose: The purpose of the study being conducted is to evaluate the project which adapted the use of the Helen Landgarten Family Art Assessment in the assessment process of family therapy for therapists at Barbara Sinatra Children's Center. Evaluation of the project may or may not contribute to wider implementation of the Family Art Assessment.

Your Participation: Participation consists of a survey lasting approximately 5 minutes and potentially a brief follow up interview.

Benefits and Risks: Benefits to participants include an opportunity to reflect on observations of the art assessment process and relate how it affected their treatment of the case. It is intended that the program evaluation will contribute to future improvements to the assessment procedures of the family therapy program at the Barbara Sinatra Children's Center. There are no conceivable risks involved in participating in this study.

Confidentiality: Privacy will be ensured through confidentiality. Participation is voluntary and the participant has the right to terminate the survey and art response at any time. A summary of the results will be available to participants upon request. Please contact researcher, Paige Asawa, with any questions or concerns. 310-338-7646.

By signing below, I acknowledge that I have read and understand the above information. I am aware that I can discontinue my participation in the study at any times. Please contact researcher or faculty any questions or concerns. I understand that if I have any further questions, comments, or concerns about the study or the informed consent process, I may contact David Hardy, Ph.D. Chair, Institutional Review Board, 1 LMU Drive, Suite 3000, Loyola Marymount University, Los Angeles CA 90045-2659 (310) 258-5465, david.hardy@lmu.edu.

Print name _____

Signature _____

Date _____

Signature of researcher _____

Date _____

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